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Fill in this information to identify	your case:					
 _{Debtor 1}	ond Long					
First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: I	District of New Jersey	▼				
Case number 23-11903/MBK				Check if t	this is:	
(If known)				✓ An an	nended filing	
					plement showing postpetition chapter 1	
Official Form 1061				incom	ne as of the following date:	
Official Form 106l				MM / DD / YYYY		
Schedule I: You	ir income				12/15	
	se is not filing with you, top of any additional pa	, do not include inf	ormation	about your spo	you, include information about your spou ouse. If more space is needed, attach a known). Answer every question.	
Fill in your employment information.		Debtor 1			Debtor 2 or non-filling spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment status		red		☐ Employed☐ Not employed	
Include part-time, seasonal, or self-employed work.	Occupation	Boat Captain				
Occupation may include student or homemaker, if it applies.	Occupation					
	Employer's name					
	Employer's address					
		Number Street			Number Street	
		City	State	ZIP Code	City State ZIP Code	
	How long employed the	ere?				
Part 2: Give Details About	Monthly Income					
_	•	m. If you have noth	ing to repo	ort for any line, w	write \$0 in the space. Include your non-filing	
spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	ave more than one employ		ormation fo	or all employers	for that person on the lines	
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, saldeductions). If not paid monthly,			2. \$	4,300.00	\$	
3. Estimate and list monthly over	time pay.		3. + \$		+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$		\$	

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

Christopher Raymond Long

		3	
First Name	Middle Name	Last Name	

Case number (if known) 23-11903/MBK

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$_4,300.00	\$	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 2,274.70	\$	
5b. Mandatory contributions for retirement plans	5b.	\$		
5c. Voluntary contributions for retirement plans	5c.	\$		
5d. Required repayments of retirement fund loans	5d.	\$	\$	
5e. Insurance	5e.	\$	\$	
5f. Domestic support obligations	5f.	\$	\$	
5g. Union dues	5g.	\$	\$	
5h. Other deductions. Specify:	_	+\$	+ \$	
		,		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f +	5g + 5h. 6.	\$	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,025.30	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a busine profession, or farm	ess,			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the tota monthly net income.		\$4,136.00	\$	
8b. Interest and dividends	8b.	\$	\$	
8c. Family support payments that you, a non-filing spouse, or a cregularly receive	dependent	*	· —————	
Include alimony, spousal support, child support, maintenance, div settlement, and property settlement.	rorce 8c.	\$	\$	
8d. Unemployment compensation	8d.	\$	\$	
8e. Social Security	8e.	\$	\$	
8f. Other government assistance that you regularly receive				
Include cash assistance and the value (if known) of any non-cash that you receive, such as food stamps (benefits under the Suppler Nutrition Assistance Program) or housing subsidies.				
Specify:	8f.	\$	\$	
8g. Pension or retirement income	8g.	\$	\$	
8h. Other monthly income. Specify:	8h.	+\$	+\$	
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8f	h. 9.	\$	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spous	se. 10.	\$6,161.30	+ \$	= \$
11. State all other regular contributions to the expenses that you list include contributions from an unmarried partner, members of your hou			ommates, and other	
friends or relatives.	, , , , , , , , , , , , , , , , , , , ,	, ,	,	
Do not include any amounts already included in lines 2-10 or amounts	that are not av	ailable to pay expe	nses listed in Schedule J.	200.00
Specify:			11.	+ \$ 900.00
12. Add the amount in the last column of line 10 to the amount in line Write that amount on the Summary of Your Assets and Liabilities and 0			•	\$7,061.30
13. Do you expect an increase or decrease within the year after you t	file this form?			Combined monthly income
No.				
Yes. Explain:				